

## CLAIMS ONLY

Application Number  
1055-1802

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
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10	1					
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50						
Total Indep						
Total Depend			18			
Total Claims			18			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						